

Annapolis Valley Health
 VALLEY REGIONAL HOSPITAL
 150 EXHIBITION STREET
 KENTVILLE, NS
 B4N 5E3

NAME: CECIL, LOCKHART
 ACCT#: DU0002114/13
 ADDRESS: 325 MAIN STREET
 ADDRESS: KENTVILLE, NS, B4N 1A5
 PHONE#: (902) 365-4663
 LOCATION: VR. LABO
 COPIES TO: WATER CASH CLIENT
 SUBMITTING DR: WATER CASH CLIENT
 COPIES TO :

Specimen: 13:W0008256R Collected: 03/10/13-0947 Status: COMP Req#: 05247887
 Received: 03/10/13-1107

Source: DRILLED WELL
 Sp Desc: NOT INDICATED

Ordered: WATER P/A

Queries: Sample Information 936 MARY AVE. ELLSWORTH ESTATES
 Drinking Water Category? RESIDENTIAL
 Contact/Mailing City/Prov SAME
 Contact Telephone Number 9023654663
 Sample temperature on receipt 22.
 Sample Collected by CECIL LOCKHART
 Date Refrigerated 03/10/13
 Time 1002
 Delivery By Fax 9023653580

MICROBIOLOGY

> **WATER PRESENT/ABSENCE** ~~Total~~ 04/10/13-1120
 TOTAL COLIFORM ABSENT/100ML
 E.coli ABSENT/100ML

These results relate only to the water sample submitted for testing.

For interpretation contact the Dept. of Environment and Labor.